

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

09-997501 10-19-05

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--|---------|--|-------|--|--------|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep. | | Depend. | | Indep | | Depend | |
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| Total Indep | 2 | | | | | | | | | | | | | |
| Total Depend | 16 | | | | | | | | | | | | | |
| Total Claims | 18 | | | | | | | | | | | | | |
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| Total Indep | | | | | | | | | | | | | | |
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best Available Copy